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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/16/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior Cervical Discectomy, Cervical Fusion with allograft with plate C6

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Neurosurgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
MRI cervical spine without contrast dated 03/21/12
Progress note dated 04/02/12
Progress notes dated 04/24/12-08/01/12
Preoperative history and physical dated 05/21/12
CT of cervical spine with contrast dated 07/25/12
Cervical myelogram dated 07/25/12
History and physical dated 07/25/12
Lab cumulative summary report dated 07/25/12
Anterior cervical discectomy and fusion information
Utilization review determination dated 08/09/12
Utilization review determination dated 09/14/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is reported to have been involved in motor vehicle accident on xx/xx/xx. The claimant was initially diagnosed with cervical strain. She was referred for MRI of cervical spine on 03/31/12. This study notes mild spondylitic changes of cervical spine most prominent at C5-6 and C6-7 with central disc osteophyte complex identified which mildly contacts the ventral cord of C5-6 level. There is narrowing of spinal canal most prominent at C6-7 measuring 8 mm. There is mild neural foraminal stenosis on the left. No Cord signal change is identified. Records indicate the claimant was referred to on 04/24/12. She is

noted to have headaches, cervical pain that radiates into right upper extremity. She is noted to be participating in physical therapy which has not helped with her symptoms. She is noted to be a ½ pack per day smoker. She was subsequently recommended to undergo conservative treatment which included cervical epidural steroid injections. The first of these were performed on 05/03/12. She is reported to have felt significant improvement and numbness and tingling are long gone. However, after 3-4 days the symptoms returned. She subsequently received second injection on 06/01/12 which again only provided transient relief. The claimant was referred for CT myelogram on 07/25/12. This study notes an anterior extradural defect at C6-7. CT notes a broad based disc protrusion at C6-7 with central and right subarticular extension and compression of the cervical subarachnoid space and mild compression of the cervical cord at C5-6. There is a smaller disc protrusion compressing the anterior cervical subarachnoid space with middle minimal compression of the anterior cervical cord. The claimant was subsequently recommended to undergo ACDF at C6-7. The initial review was performed on 08/09/12. non-certified the request. A clear rationale is not evident in the submitted utilization review paperwork. The appeal request was reviewed on 09/14/12. finds that there is insufficient clinical information to certify the request.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for anterior cervical discectomy and cervical fusion with allograft at C6 with plate at C6 is not supported by the submitted clinical information and therefore the prior utilization review determinations are upheld. The submitted clinical records indicate that the claimant was involved in a motor vehicle accident and subsequently developed cervical pain with reported radiation into the right upper extremity. A review of the serial records does not provide substantive objective data which correlates with imaging studies to establish the medical necessity of the request. The claimant is noted to have evidence of disc protrusions at C5-6 and C6-7 which abut the cervical cord. However, physical examinations are not detailed and largely report subjective complaints without providing correlating physical examination findings. She is reported to have numbness and tingling down her right arm and weakness in her right arm which is not delineated to determine if these findings are in a dermatomal/myotomal distribution and would correlate with the imaging studies that were provided. There's adequate data to establish that the claimant has undergone an appropriate course of conservative management. However, in the absence of detailed physical examination findings to correlate with the imaging studies, the request cannot be supported as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES